VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Clinical Utilization Review Board (CURB)
Meeting Minutes for September 21, 2022

Board Members Present:

X	Zail Berry, MD	X	Nels Kloster, MD	✓	Valerie Riss, MD
✓	Thomas Connolly, DMD	X	John Matthew, MD	✓	Matthew Siket, MD
✓	Joshua Green, ND	✓	Kate McIntosh, MD		

DVHA Staff Present:

✓	Christine Ryan, RN, DVHA Clinical Svcs. Team	✓	Michael Rapaport, MD, DVHA Chief Medical Officer	✓	Dani Fuoco, DVHA Health Care Asst Administrator II
✓	Andrea DeLaBruere, DVHA Commissioner	✓	Robin Strader, DVHA Admin. Services Dir.		
✓	Sandi Hoffman, DVHA Deputy Commissioner	✓	Pat Jones, DVHA Deputy Dir. Payment Reform		

Guests/Members of the Public:

      Margaret Haskins, Provider Representative, Gainwell Technologies

Topic	Presenter	Discussion	Action
Meeting Convened Introductions/ Acknowledgments	Christine Ryan, RN	Christine Ryan, RN, DVHA Clinical Services Team, convened the meeting at 6:34 pm. She extended a warm welcome to the newest CURB member, Dr. Matthew Siket, and invited the current members to introduce themselves and provide a brief summary of their backgrounds, and also to indicate whether they had read and would vote to approve the July meeting minutes. It was noted that Dr. Kloster, Dr. Berry and Dr. Matthew would not be in attendance tonight, and that Dr. Green would be arriving approximately 20 minutes late. *(He arrived at 6:52 pm).*	

		Dr. McIntosh commented that she had missed the July meeting, and would therefore abstain from voting on the minutes.	
		Dr. Riss joined the meeting at approximately 7:15 pm.	
		Dr. Siket offered a brief overview of his professional background. He has served as an emergency physician at UVMMC and CVPH since 2018, and occasionally fills in at Porter Medical Center as well. He became interested in joining CURB this spring and learned more about it in speaking with Dr. Riss.	
		Dr. Rapaport noted that he had recently stepped down as a CURB member when he joined DVHA in early September as Chief Medical Officer. All DVHA staff in attendance were then introduced, along with external guests listening in on the meeting.	
1. Meeting Minutes of July 20, 2022	Christine Ryan, RN	**Motion**: To approve the July meeting minutes as presented Dr. Connolly raised a question about the costs of eating disorder treatment obtained out-of-state for a relatively low volume of patients. The July minutes showed that DVHA spent $2M on 42 patients, which seemed high to him. Dr. McIntosh pointed out that these are very specialized, resource-intensive patients, and that the costs are very reasonable. The Designated Agencies in Vermont are beginning to provide training to help with eating disorder treatment, which would bring the patients back in-state.	**Motion:** **Second:** **Abstain: Dr. McIntosh** **Approved** ------------------ **July Minutes to be approved at November meeting** *Due to the lack of a quorum, the July meeting minutes were not put to a vote or approved as final.*
2. Follow-up on Noninvasive Prenatal Testing		In follow-up to the discussion in July on noninvasive prenatal testing (NIPT), Christine Ryan stated that DVHA was looking for a recommendation from CURB to expand coverage, regardless of maternal age or risk, for two CPT codes: **81420**, a screening test wherein a positive result requires confirmation by invasive testing; and **81507**, a DNA sequence analysis of selected regions utilizing maternal plasma, which results in a risk score. DVHA is looking to align clinical criteria and coverage policies for both codes; prior authorization requirements would remain in place. Staff looked at the frequency of tests being ordered for NY Medicaid, which still requires the PA for both tests. Dr. McIntosh asked how often DVHA	

		denies the PA; Christine responded that the denials were based on criteria used – we are looking to align with other payers. This proposal removes maternal age and multiple gestation as barriers to the test. A decision to remove the PA would be a different conversation.	*Lacking a quorum, decision was made to introduce the NIPT recommendations at a later meeting.*
3. Review of Hysterectomy Data	Christine Ryan, RN Dani Fuoco	Christine Ryan introduced Dani Fuoco, from the Medicaid Policy Unit, to review the 2019 health care administrative rule that outlines what surgeries are covered to address gender dysphoria. Hysterectomies are included in the list. Prior authorization (PA) is required for all surgeries on the list. Attached here is the link to the Health Care Administrative Rules Adopted Rule 4.238 for "Gender Affirmation Surgery for the Treatment of Gender Dysphoria": HCAR_4.238_Gender_Affirmation_Surgery_Adopted_Rule_New.pdf (vermont.gov) As of July 1, 2022, DVHA has waived the PA for hysterectomy procedures, EXCEPT in the case of gender dysphoria. DVHA is exploring the removal of the PA requirement for hysterectomies for all diagnoses by examining fiscal impact and to ensure equity and access for all Vermont Medicaid members. This proposed change was posted for public comment. Sixteen comments were received, and all were positive for removing the PA for the gender affirmation surgery (GAS)/hysterectomy. This would align with removing the PA for all other hysterectomies. It was noted that DVHA had received 14 PA requests from 2019-2021 for the GAS/hysterectomy procedure. Three were denied, all due to the lack of a second letter from a qualified mental health professional. Dr. McIntosh strongly recommended keeping the PA in place, as well as the mental health evaluation, for patients under the age of 18. Culturally, if over 18 years of age, she believes this surgery decision should rest solely between patient and doctor, with no PA needed. Dani Fuoco commented that the administrative rule would need to be updated if the decision is made to remove the PA for GAS/hysterectomies. Dr. Rapaport stated that staff would take a closer look at putting a new focus on those under 18 and the requirements for mental health evaluation.	

		Dr. McIntosh added that BlueCross BlueShield in MA had removed all restrictions for those over 18. Dani Fuoco pointed out that there is still a consent form required, per the sterilization rules, even without a PA, and the patient must be at least 21 years old.	*Next steps: To be taken internally at DVHA. Staff to research further and return with recommendation for consideration*
4. DVHA/ACO Quality Measures	Pat Jones, DVHA Deputy Director of Payment Reform	Christine Ryan introduced Pat Jones, DVHA Deputy Director of Payment Reform, to present an overview of payment reform initiatives in Vermont, and particularly Value-Based Payment (VBP) and All-Payer ACO quality measures. This update will become an annual addition to the CURB agenda. Pat Jones noted that the overarching goals of the payment reform initiatives are summed up as "The Triple Aim": (1) Improving quality of care; (2) Improving the health of the population; and (3) Reducing growth in cost of care. Vermont has a history of ambitious payment reform efforts, including the Blueprint for Health, Community Health teams, the Hub & Spoke model and the first-in-the-nation All-Payer ACO (Accountable Care Organization) Model with CMS, which have served as springboards for Medicaid and all-payer reform. Value-Based Payment (VBP) is a top priority for DVHA and the Agency of Human Services. The federal government strongly supports linking payment to performance to support value-based care for Medicaid members. By 2025, the federal target is for 50% of our Medicaid payments to move from Fee-for-Service (FFS) to advanced alternative payment models. Vermont has already exceeded that target. The All-Payer ACO Model allows all payers of health care in Vermont (Medicaid, Medicare, and commercial insurance) to pay the ACO differently than through FFS. Medicare pays for services prospectively; most healthcare that Medicare patients receive is paid this way. It's a voluntary initiative and very significant multi-payer reform. The All-Payer ACO Model Quality framework includes 22 measures to support improvement on important population health goals. Each measure	

has a target based on baseline data. The responsibility for meeting these targets is the State's for these 22 measures.

The 3 overarching population health goals in the All-Payer ACO Model Agreement are:
Goal # 1: Improving access to primary care;
Goal #2: Reducing deaths from suicide and drug overdose; and
Goal #3: Reducing prevalence and morbidity of chronic disease (COPD, Diabetes, hypertension).

CMS set up the Model as a pyramid, with Population Health Outcomes at the top; Health Care Delivery System Quality Targets in the middle; and Process Milestones forming the base of the pyramid.

For Goal #1, there are 4 measures, including increasing the percentage of adults reporting that they have a personal doctor or health care provider, and an increase in percentage of Medicare beneficiaries receiving timely care, appointments and information.

Goal #2 has 10 quality measures – many relate to whether follow-up care occurs; and how coordination of care occurs between two or more providers.

Goal #3 has 8 quality measures, many of them preventative measures designed to improve control of diabetes and high blood pressure, and improving the rate of medication management for people with asthma.

Ten payment measures for the Medicaid ACO, known as VMNG (Vermont Medicaid Next Generation), were tracked from 2017 through 2021. The Quality Measure Results showed some improvement from 2017-2018, and quite encouraging results – statistically significant results – from 2018-2019. When the pandemic hit in 2020, the results declined significantly, particularly around accessing and providing care (2020-2021).

Pat Jones concluded her presentation by mentioning four additional payment reform initiatives that are working to incorporate current or proposed Value-Based Payments:
- Adult & Children's Mental Health

		• Applied Behavior Analysis (children w/autism) • Adult and Pediatric High-Tech Nursing Services • Residential Substance Use Disorder Services She noted that there is a funding opportunity for VBP in 2023: enhanced federal funding for home- and community-based services provides resources to test value-based payment.	
5. Annual Telemedicine Data Report	Christine Ryan, RN	Due to time considerations, Christine Ryan stated that this report would be moved to the November meeting, when Members will consider the policies around telemedicine as the State moves out of the Public Health Emergency.	
6. Public Comment		None	
7. Closing	Board Comments Next Steps	None Christine Ryan assured the Members that she would email Pat Jones' presentation to them for their review. The next CURB meeting will be held on Wednesday, November 16, 2022. Likely topics for discussion will include plans for 2023 CURB agendas, the telemedicine report update, and updates on the upcoming legislative session.	
Adjournment		The meeting was adjourned at 7:58 p.m.	

Next Meeting:
> **Date: Wednesday, November 16, 2022**
> **Time: 6:30-8:30 pm**
> **Via Microsoft Teams**